No. W 110889		Due	2. Registered	2. Registered Agent and Address (NO PO BOX)				
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. SMALL STEPS PEDIATRIC THERAPY, P.L.L.C. KEVIN M SPIEGEL 6180 W EMERALD ST BOISE ID 83704		to the same and th	TAYLOR LAW OFFICES PLLC 1112 W MAIN ST			
				#101 BOISE ID	#101 BOISE ID 83702			
				3. <u>New</u> Registered Agent Signature:*				
4. Limited Liability Compa	nies: Enter Na	mes and Addresses	of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER KEVIN MICHAEL SPIEGEL		9990 W ROAN MEADOWS DR	BOISE	ID	USA	83709		
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 110889		Signature: Kevin Spiegel			Date: 12/22/2015			
		Name (type or		Title: Member				
Processed 12/22/2015 * Electronically provided signatures are accepted as original signatures.								